# DUR BOARD MEETING
# May 26, 2004
# 10:30 AM

HEALTH INFORMATION DESIGNS

using medication information cost effectively

April 29, 2004

To: DUR Board Members
Alabama Medicaid Agency

From: Steve Espy, R.Ph.
Health Information Designs

Re: May 26, 2004, DUR Board Meeting

The next DUR Board meeting is scheduled for May 26, 2004, at 10:30 AM in the State Capitol Auditorium, located on the ground level entrance off of Union Street in Montgomery.
The garage code is 794*. The following spaces have been designated for use while you are attending the DUR Board meeting: 903, 905, 906, 953, 958, 961, 962, 963 and 964.

This packet includes:

- Meeting agenda
- Minutes from March 24, 2004 meeting
- DUR Update
- Intervention Activity Report
- Synopsis of the top six drugs by claims
- Current diabetes criteria
- Proposed diabetes criteria

**The time of the meeting has been changed; remember, 10:30 AM at the State Capitol Auditorium.**

If you have any questions or will not be able to attend, please call Beverly Churchwell at Medicaid or me prior to the meeting.

Steve Espy, R.Ph.
1800 748 0130 ext 2001

Beverly Churchwell
1 334 242 5034

# DUR Board Meeting
# Agenda
# May 26, 2004

| | | |
|---|---|---|
| Call to order, opening remarks by Chair | Roger Lander | 2 min |
| Review and adoption of minutes of March 24, 2004 DUR meeting | Roger Lander | 5 min |
| DUR Update/Prior Authorization and Overrides Update | Steve Espy | 5 min |
| Synopsis of top six drugs by claims count | Steve Espy | 15 min |
| Intervention Activity Report | Steve Espy | 5 min |
| Review of criteria for diabetes | Steve Espy | 30 min |
| Medicaid/Pharmacy update | Louise Jones | 30 min |
| Establish next meeting date | Roger Lander | 3 min |

# Alabama Medicaid DUR Meeting
## March 24, 2004

Attendees: W. Thomas Geary, Roger Lander, Jefferson Underwood III, Margaret Thrower, Richard Freeman, Rob Colburn, Steven Rostand, Garry Magouirk, Kathy Porter, John Searcy, Louise Jones, Beverly Churchwell, Allyn Williford, Kelli Littlejohn, Steve Espy.

Members Absent: Johnny Brooklere, Frank Skinner, Jimmy Jackson.

Roger Lander brought the meeting to order at 11:00 am.

Richard Freeman moved that the minutes of the December 3, 2003 DUR Board meeting be approved, Garry Magouirk seconded the motion, the motion carried.

DUR Update: Steve Espy reviewed the PA help desk reports for December 2003 and January 2004. He then reviewed the quarterly report for the 4th quarter for 2003 including the Program Summary, Cost Management Analysis and Drug Analysis. Top 15 drugs by Cost and Claims were reviewed for the dates 12/14/03-1/15/04. After discussion the Board asked HID to bring a synopsis of the top 6 drugs by claims for the last 6 months. The synopsis is to include a breakdown by LTC recipient and non LTC recipient and by age group and gender.

Intervention Activity: Steve Espy reviewed the 4th quarter intervention with a cycle date of 1/12/04. There were 446 profiles reviewed, 452 letters sent and 308 unique recipients were identified. The criteria used for this intervention was the JNC-7 Hypertension criteria voted by the DUR Board at the October 8, 2003 Board meeting. After discussion of new RDUR criteria the Board asked Steve to bring criteria that relates to diabetes to the next Board meeting, but to continue to use the hypertension criteria for the next cycle.

Academic Detailing: Lisa Stallings provided a review of the 1st quarter of Academic Detailing. She reviewed the total number of visits made by the Medicaid Pharmacy Specialists. She also presented a summary of the response by providers that had been visited. The review also included a summary of the first Academic Detailing CE Seminar in Montgomery in January 2004.

Medicaid Update: Louise Jones updated the Board on the implementation of classes to the PDL. Skeletal muscle relaxers, anxiolytics, sedatives & hypnotics, antihyperlipidemics, and the ADHD agents were implemented since the last Board meeting. The next class of drugs to be implemented is the antihypertensive class which will begin on April 1, 2004. She announced that on February 19, 2004 the therapeutic duplication override edit was put in place on the following classes: antihypertensives, antipsychotics and triptans. She told the Board that ePocrates will be updated monthly. She announced that effective March 19, 2004 all erectile dysfunction drugs max unit limit would be one tablet per month. Louise told the Board that the voluntary volume discount for the PDL would be updated quarterly. She announced that the Agency has proposed a script limit on the number of branded prescriptions per month with a maximum number of prescriptions per month for later this year.

The meeting date for the next DUR Board meeting was set for May 26, 2004.

Respectfully Submitted,

Steve Espy, R.Ph.

Commissioner — 4-28-04 Date

Deputy Commissioner — 4-28-04 Date

Medical Director — 04-28-04 Date

# Monthly Prior Authorization and Overrides

| March 01-31, 2004 | Number of Requests | Approved Number | Approved Percent | Denied Number | Denied Percent |
|---|---|---|---|---|---|
| **Prior Authorizations:** | | | | | |
| ACNE | 131 | 83 | 63% | 48 | 37% |
| ADHD AGENTS | 13418 | 9951 | 74% | 3467 | 26% |
| ANTIDEPRESSANTS | 5012 | 3734 | 75% | 1278 | 25% |
| ANTIHYPERLIPIDEMICS | 4641 | 1275 | 27% | 3366 | 73% |
| ANTIHISTAMINE | 473 | 327 | 69% | 146 | 31% |
| ANXIOLY/SEDATIV/HYPNOTICS | 1684 | 427 | 25% | 1257 | 75% |
| COMPOUND PRESCRIPTIONS | 0 | 0 | 0% | 0 | 0% |
| GROWTH HORMONE | 22 | 20 | 91% | 2 | 9% |
| H2 ANTAGONIST | 62 | 42 | 68% | 20 | 32% |
| MISCELLANEOUS | 13 | 9 | 69% | 4 | 31% |
| NARCOTIC ANALGESICS | 1280 | 1080 | 84% | 200 | 16% |
| NSAID | 1773 | 1382 | 78% | 391 | 22% |
| NUTRITION | 310 | 173 | 56% | 137 | 44% |
| ORAL SUS OPIOID AGON | 924 | 481 | 52% | 443 | 48% |
| PLATELET AGGRES INHIB | 1350 | 1169 | 87% | 181 | 13% |
| PPI | 4018 | 3327 | 83% | 691 | 17% |
| SKELETAL MUSCLE RELAX | 525 | 252 | 48% | 273 | 52% |
| SYNAGIS | 156 | 137 | 88% | 19 | 12% |
| TNF BLOCKERS | 36 | 24 | 67% | 12 | 33% |
| ERECTILE DYS | 154 | 64 | 42% | 90 | 58% |
| XENICAL | 93 | 45 | 48% | 48 | 52% |
| XOLAIR | 6 | 3 | 50% | 3 | 50% |
| RAPTIVA | 4 | 3 | 75% | 1 | 25% |
| **Prior Authorizations Totals** | **36085** | **24008** | **67%** | **12077** | **33%** |
| | | | | | |
| **Overrides:** | | | | | |
| EARLY REFILLS | 1472 | 1305 | 89% | 167 | 11% |
| MAX UNITS | 3812 | 2431 | 64% | 1381 | 36% |
| THERAPEUTIC DUPLICATION | 6934 | 5018 | 72% | 1916 | 28% |
| **Overrides Totals:** | **12218** | **8754** | **72%** | **3464** | **28%** |
| | | | | | |
| **GRAND TOTAL:** | **48303** | **32762** | **68%** | **15541** | **32%** |

# Monthly Prior Authorizations and Overrides Initiated by Source

| March 01 -31, 2004 | # | Requests by Physician | | Requests by Pharmacy | | Requests by L.T.C. | |
|---|---|---|---|---|---|---|---|
| | Requests | # | % | # | % | # | % |
| **Prior Authorizations:** | | | | | | | |
| ACNE | 131 | 80 | 61% | 51 | 39% | 0 | 0% |
| ADHD AGENTS | 13418 | 12819 | 96% | 554 | 4% | 45 | 0% |
| ANTIDEPRESSANTS | 5012 | 4412 | 88% | 31 | 1% | 221 | 4% |
| ANTIHYPERLIPIDEMICS | 4641 | 4437 | 96% | 26 | 1% | 181 | 4% |
| ANTIHISTAMINE | 473 | 400 | 85% | 1 | 0% | 72 | 15% |
| ANTIHYPERTENSIVE | 0 | 0 | 0% | 0 | 0% | 0 | 0% |
| ANXIOLY/SEDATIV/HYPNOTICS | 1684 | 1529 | 91% | 11 | 1% | 144 | 9% |
| ERECTILE DYSFUNCTION | 154 | 154 | 100% | 0 | 0% | 0 | 0% |
| GROWTH HORMONE | 22 | 22 | 100% | 0 | 0% | 0 | 0% |
| H2 ANTAGONIST | 62 | 47 | 76% | 0 | 0% | 15 | 24% |
| MISCELLANEOUS | 13 | 9 | 69% | 2 | 15% | 2 | 15% |
| NARCOTIC ANALGESICS | 1280 | 1088 | 85% | 5 | 0% | 157 | 12% |
| NSAID | 1773 | 1643 | 93% | 5 | 0% | 144 | 8% |
| NUTRITION | 310 | 304 | 98% | 6 | 2% | 0 | 0% |
| ORAL SUS OPIOID AGON | 924 | 867 | 94% | 5 | 1% | 51 | 6% |
| PLATELET AGGRES INHIB | 1350 | 1185 | 88% | 9 | 1% | 156 | 12% |
| PPI | 4018 | 3454 | 86% | 19 | 0% | 529 | 13% |
| SKELETAL MUSCLE RELAX | 525 | 435 | 83% | 15 | 3% | 75 | 14% |
| SYNAGIS | 156 | 98 | 63% | 58 | 37% | 0 | 0% |
| TNF BLOCKERS | 36 | 36 | 100% | 0 | 0% | 0 | 0% |
| XENICAL | 93 | 89 | 96% | 4 | 4% | 0 | 0% |
| XOLAIR | 6 | 6 | 100% | 0 | 0% | 0 | 0% |
| RAPTIVA | 4 | 4 | 100% | 0 | 0% | 0 | 0% |
| **Prior Authorizations Totals:** | **36085** | **33118** | **92%** | **802** | **2%** | **1792** | **5%** |
| | | | | | | | |
| **Overrides:** | | | | | | | |
| EARLY REFILLS | 1472 | 859 | 58% | 88 | 6% | 525 | 36% |
| MAX UNITS | 3812 | 2977 | 78% | 124 | 3% | 711 | 19% |
| THERAPEUTIC DUPLICATION | 6934 | 3887 | 56% | 351 | 5% | 1348 | 19% |
| **Overrides Totals:** | **12218** | **7723** | **63%** | **563** | **5%** | **2584** | **21%** |
| | | | | | | | |
| **GRAND TOTAL:** | **48303** | **40841** | **85%** | **1365** | **3%** | **4376** | **9%** |

# Monthly Help Desk Report

To: Beverly Churchwell
Associate Director, Pharmacy Services
Alabama Medicaid Agency

From: Steve Espy R.Ph.

**Re: Monthly Help Desk Report**
**Dates of coverage: March 01-31, 2004**

| **Call and Fax Summary** | |
|---|---|
| Number of Incoming Calls | 7,870 |
| Average Time per Incoming Call | 3:24 |
| Number of Outgoing Calls | 4,748 |
| Average Time per Outgoing Call | 2:58 |
| Number of Calls Abandoned | 489 |
| Average Wait Time per Call | 19 sec |
| Longest Wait Time | 3:34 |
| Number of Incoming Faxes | 43,496 |
| Number of Outgoing Faxes | 89,755 |

**ALABAMA MEDICAID**
**UTILIZATION OF TOP SIX DRUGS BY NURSING HOME, BY SEX AND BY AGE**
**09/16/2003 - 03/15/2004**

## HYDROCODONE W/ACETAMINOPHEN

| Non Nursing Home | Male | | Female | |
|---|---|---|---|---|
| **Age Range** | **Rx Count** | **Rx Cost** | **Rx Count** | **Rx Cost** |
| 0-9 | 204 | $1,700.29 | 120 | $873.79 |
| 10-19 | 4,506 | $34,891.85 | 7,175 | $53,188.25 |
| 20-29 | 2,647 | $24,446.24 | 13,272 | $108,234.06 |
| 30-39 | 5,577 | $60,805.52 | 16,015 | $155,768.12 |
| 40-49 | 8,719 | $100,393.98 | 20,888 | $230,495.85 |
| 50-59 | 7,606 | $91,610.06 | 18,250 | $209,664.33 |
| 60-69 | 4,958 | $61,493.42 | 11,023 | $123,322.20 |
| 70-79 | 1,923 | $22,344.41 | 6,225 | $67,011.39 |
| 80-89 | 454 | $4,469.18 | 2,926 | $30,485.73 |
| 90-99 | 88 | $811.82 | 572 | $5,979.57 |
| 100 and up | 0 | $0.00 | 14 | $159.95 |
| **Totals** | **36,682** | **$402,966.77** | **96,480** | **$985,183.24** |

| Nursing Home | Male | | Female | |
|---|---|---|---|---|
| **Age Range** | **Rx Count** | **Rx Cost** | **Rx Count** | **Rx Cost** |
| 0-9 | 0 | $0.00 | 0 | $0.00 |
| 10-19 | 1 | $8.19 | 0 | $0.00 |
| 20-29 | 18 | $717.17 | 31 | $368.96 |
| 30-39 | 40 | $579.34 | 20 | $300.31 |
| 40-49 | 159 | $2,498.75 | 204 | $3,596.08 |
| 50-59 | 338 | $4,973.73 | 448 | $7,274.39 |
| 60-69 | 541 | $7,378.46 | 658 | $8,937.14 |
| 70-79 | 545 | $6,724.50 | 1,859 | $25,373.28 |
| 80-89 | 465 | $5,699.12 | 2,886 | $34,653.61 |
| 90-99 | 155 | $1,742.97 | 1,131 | $13,244.14 |
| 100 and up | 16 | $210.94 | 74 | $742.99 |
| **Totals** | **2,278** | **$30,533.17** | **7,311** | **$94,490.90** |

**ALABAMA MEDICAID**
**UTILIZATION OF TOP SIX DRUGS BY NURSING HOME, BY SEX AND BY AGE**
**09/16/2003 - 03/15/2004**

## FUROSEMIDE

| Non Nursing Home | Male | | Female | |
|---|---|---|---|---|
| **Age Range** | **Rx Count** | **Rx Cost** | **Rx Count** | **Rx Cost** |
| 0-9 | 246 | $3,015.96 | 256 | $2,771.86 |
| 10-19 | 117 | $899.30 | 130 | $1,036.89 |
| 20-29 | 330 | $2,355.53 | 700 | $4,643.69 |
| 30-39 | 763 | $5,340.47 | 2,531 | $17,024.21 |
| 40-49 | 2,231 | $15,412.08 | 6,996 | $47,175.94 |
| 50-59 | 3,619 | $24,993.62 | 12,438 | $84,562.29 |
| 60-69 | 3,694 | $25,332.27 | 11,966 | $82,111.94 |
| 70-79 | 2,385 | $16,052.46 | 11,258 | $76,644.80 |
| 80-89 | 1,148 | $7,722.23 | 8,684 | $59,033.15 |
| 90-99 | 423 | $2,779.65 | 2,716 | $18,530.40 |
| 100 and up | 27 | $176.37 | 173 | $1,173.79 |
| **Totals** | **14,983** | **$104,079.94** | **57,848** | **$394,708.96** |

| Nursing Home | Male | | Female | |
|---|---|---|---|---|
| **Age Range** | **Rx Count** | **Rx Cost** | **Rx Count** | **Rx Cost** |
| 0-9 | 0 | $0.00 | 5 | $22.23 |
| 10-19 | 1 | $11.07 | 0 | $0.00 |
| 20-29 | 7 | $47.60 | 4 | $24.67 |
| 30-39 | 42 | $356.17 | 54 | $410.33 |
| 40-49 | 223 | $1,686.33 | 270 | $1,956.34 |
| 50-59 | 570 | $4,090.41 | 718 | $5,316.55 |
| 60-69 | 1,185 | $8,951.37 | 1,850 | $13,558.45 |
| 70-79 | 1,910 | $13,994.22 | 5,287 | $38,868.49 |
| 80-89 | 2,035 | $14,788.25 | 11,500 | $83,687.62 |
| 90-99 | 843 | $5,954.89 | 6,448 | $47,222.32 |
| 100 and up | 48 | $442.50 | 289 | $2,078.50 |
| **Totals** | **6,864** | **$50,322.81** | **26,425** | **$193,145.50** |

**ALABAMA MEDICAID**
**UTILIZATION OF TOP SIX DRUGS BY NURSING HOME, BY SEX AND BY AGE**
**09/16/2003 - 03/15/2004**

## ZITHROMAX

| Non Nursing Home | Male | | Female | |
|---|---|---|---|---|
| **Age Range** | **Rx Count** | **Rx Cost** | **Rx Count** | **Rx Cost** |
| 0-9 | 17,567 | $673,759.65 | 16,412 | $629,014.38 |
| 10-19 | 7,446 | $349,748.24 | 10,286 | $472,797.63 |
| 20-29 | 796 | $42,965.33 | 5,097 | $236,674.99 |
| 30-39 | 941 | $52,825.80 | 3,822 | $182,271.36 |
| 40-49 | 1,141 | $65,293.35 | 3,940 | $186,841.35 |
| 50-59 | 1,039 | $54,656.43 | 3,669 | $169,481.07 |
| 60-69 | 632 | $29,400.68 | 2,442 | $112,797.72 |
| 70-79 | 320 | $14,715.36 | 1,551 | $71,288.80 |
| 80-89 | 111 | $4,972.38 | 744 | $34,328.18 |
| 90-99 | 34 | $1,561.21 | 198 | $8,900.06 |
| 100 and up | 0 | $0.00 | 8 | $364.31 |
| **Totals** | **30,027** | **$1,289,898.43** | **48,169** | **$2,104,759.85** |

| Nursing Home | Male | | Female | |
|---|---|---|---|---|
| **Age Range** | **Rx Count** | **Rx Cost** | **Rx Count** | **Rx Cost** |
| 0-9 | 4 | $233.47 | 3 | $133.74 |
| 10-19 | 16 | $683.54 | 17 | $797.49 |
| 20-29 | 14 | $849.73 | 22 | $976.27 |
| 30-39 | 10 | $551.51 | 14 | $664.23 |
| 40-49 | 36 | $2,045.04 | 42 | $2,069.19 |
| 50-59 | 48 | $3,096.42 | 90 | $4,280.20 |
| 60-69 | 96 | $4,696.65 | 157 | $7,271.51 |
| 70-79 | 134 | $6,264.32 | 404 | $20,408.09 |
| 80-89 | 144 | $6,408.26 | 896 | $41,826.01 |
| 90-99 | 58 | $2,708.83 | 488 | $22,860.26 |
| 100 and up | 4 | $190.18 | 27 | $1,406.02 |
| **Totals** | **564** | **$27,727.95** | **2,160** | **$102,693.01** |

**ALABAMA MEDICAID**
**UTILIZATION OF TOP SIX DRUGS BY NURSING HOME, BY SEX AND BY AGE**
**09/16/2003 - 03/15/2004**

## RANITIDINE HCL

| Non Nursing Home | Male | | Female | |
|---|---|---|---|---|
| **Age Range** | **Rx Count** | **Rx Cost** | **Rx Count** | **Rx Cost** |
| 0-9 | 305 | $5,573.14 | 341 | $5,510.04 |
| 10-19 | 1,820 | $39,221.69 | 2,305 | $49,341.07 |
| 20-29 | 609 | $14,170.46 | 1,791 | $38,779.40 |
| 30-39 | 1,549 | $34,456.97 | 3,605 | $84,501.69 |
| 40-49 | 3,106 | $72,878.90 | 7,020 | $167,171.84 |
| 50-59 | 3,721 | $82,903.74 | 9,416 | $222,557.68 |
| 60-69 | 3,230 | $71,832.64 | 7,796 | $179,365.92 |
| 70-79 | 1,483 | $32,418.01 | 5,623 | $122,806.47 |
| 80-89 | 589 | $11,254.39 | 3,448 | $74,944.21 |
| 90-99 | 189 | $3,962.57 | 913 | $18,382.08 |
| 100 and up | 1 | $18.07 | 45 | $771.05 |
| **Totals** | **16,602** | **$368,690.58** | **42,303** | **$964,131.45** |

| Nursing Home | Male | | Female | |
|---|---|---|---|---|
| **Age Range** | **Rx Count** | **Rx Cost** | **Rx Count** | **Rx Cost** |
| 0-9 | 0 | $0.00 | 0 | $0.00 |
| 10-19 | 19 | $489.51 | 28 | $738.95 |
| 20-29 | 55 | $1,116.53 | 47 | $1,249.41 |
| 30-39 | 82 | $1,779.49 | 88 | $1,786.62 |
| 40-49 | 238 | $4,925.74 | 230 | $5,733.29 |
| 50-59 | 582 | $14,501.03 | 653 | $15,770.01 |
| 60-69 | 877 | $20,052.45 | 1,114 | $25,485.76 |
| 70-79 | 1,259 | $27,211.31 | 3,208 | $69,339.27 |
| 80-89 | 1,148 | $25,001.36 | 6,677 | $144,152.38 |
| 90-99 | 535 | $10,770.47 | 3,779 | $80,768.29 |
| 100 and up | 21 | $441.59 | 150 | $3,423.28 |
| **Totals** | **4,816** | **$106,289.48** | **15,974** | **$348,447.26** |

**ALABAMA MEDICAID**
**UTILIZATION OF TOP SIX DRUGS BY NURSING HOME, BY SEX AND BY AGE**
**09/16/2003 - 03/15/2004**

## NORVASC

| Non Nursing Home | Male | | Female | |
|---|---|---|---|---|
| **Age Range** | **Rx Count** | **Rx Cost** | **Rx Count** | **Rx Cost** |
| 0-9 | 17 | $1,473.01 | 20 | $1,388.02 |
| 10-19 | 183 | $11,137.73 | 176 | $11,053.93 |
| 20-29 | 393 | $23,813.63 | 574 | $31,504.78 |
| 30-39 | 900 | $52,139.46 | 1,775 | $100,210.77 |
| 40-49 | 2,061 | $118,092.54 | 4,757 | $260,482.42 |
| 50-59 | 3,279 | $182,940.66 | 8,110 | $455,063.83 |
| 60-69 | 2,902 | $163,766.67 | 9,062 | $508,055.59 |
| 70-79 | 1,794 | $99,000.55 | 8,964 | $490,838.42 |
| 80-89 | 663 | $35,580.40 | 5,800 | $308,538.30 |
| 90-99 | 131 | $6,790.69 | 1,508 | $76,985.10 |
| 100 and up | 11 | $588.43 | 43 | $2,292.28 |
| **Totals** | **12,334** | **$695,323.77** | **40,789** | **$2,246,413.44** |

| Nursing Home | Male | | Female | |
|---|---|---|---|---|
| **Age Range** | **Rx Count** | **Rx Cost** | **Rx Count** | **Rx Cost** |
| 0-9 | 0 | $0.00 | 0 | $0.00 |
| 10-19 | 0 | $0.00 | 0 | $0.00 |
| 20-29 | 0 | $0.00 | 0 | $0.00 |
| 30-39 | 13 | $750.05 | 12 | $391.33 |
| 40-49 | 64 | $3,867.70 | 47 | $2,536.60 |
| 50-59 | 279 | $16,029.44 | 284 | $17,297.69 |
| 60-69 | 584 | $32,481.78 | 636 | $36,857.29 |
| 70-79 | 769 | $41,568.83 | 2,198 | $116,040.38 |
| 80-89 | 614 | $32,134.38 | 3,870 | $195,361.27 |
| 90-99 | 205 | $9,838.98 | 1,754 | $89,723.78 |
| 100 and up | 11 | $592.44 | 85 | $4,470.13 |
| **Totals** | **2,539** | **$137,263.60** | **8,886** | **$462,678.47** |

**ALABAMA MEDICAID**
**UTILIZATION OF TOP SIX DRUGS BY NURSING HOME, BY SEX AND BY AGE**
**09/16/2003 - 03/15/2004**

## IBUPROFEN

| Non Nursing Home | Male | | Female | |
|---|---|---|---|---|
| **Age Range** | **Rx Count** | **Rx Cost** | **Rx Count** | **Rx Cost** |
| 0-9 | 7,013 | $72,343.95 | 7,050 | $72,058.52 |
| 10-19 | 5,001 | $39,107.35 | 7,490 | $56,994.81 |
| 20-29 | 554 | $4,084.05 | 5,567 | $39,890.94 |
| 30-39 | 673 | $5,512.53 | 3,612 | $28,324.07 |
| 40-49 | 1,102 | $9,671.09 | 3,439 | $29,525.97 |
| 50-59 | 1,210 | $10,716.61 | 3,297 | $29,478.83 |
| 60-69 | 736 | $6,753.98 | 2,197 | $20,509.68 |
| 70-79 | 373 | $3,429.67 | 1,404 | $12,860.28 |
| 80-89 | 93 | $835.35 | 675 | $6,229.71 |
| 90-99 | 30 | $254.55 | 144 | $1,239.46 |
| 100 and up | 0 | $0.00 | 2 | $16.29 |
| **Totals** | **16,785** | **$152,709.13** | **34,877** | **$297,128.56** |

| Nursing Home | Male | | Female | |
|---|---|---|---|---|
| **Age Range** | **Rx Count** | **Rx Cost** | **Rx Count** | **Rx Cost** |
| 0-9 | 11 | $135.30 | 5 | $67.65 |
| 10-19 | 20 | $259.27 | 16 | $231.99 |
| 20-29 | 8 | $417.98 | 32 | $299.44 |
| 30-39 | 12 | $110.92 | 22 | $173.06 |
| 40-49 | 42 | $507.60 | 70 | $1,378.85 |
| 50-59 | 81 | $715.34 | 60 | $776.98 |
| 60-69 | 98 | $1,343.64 | 135 | $1,120.56 |
| 70-79 | 116 | $1,116.07 | 367 | $3,443.38 |
| 80-89 | 79 | $890.97 | 740 | $6,773.68 |
| 90-99 | 45 | $397.59 | 339 | $3,370.15 |
| 100 and up | 0 | $0.00 | 5 | $53.05 |
| **Totals** | **512** | **$5,894.68** | **1,791** | **$17,688.79** |

# *Alabama Medicaid*
# *First Quarter Letter Intervention Activity Report*
# *Year 2004*

| | |
|---|---|
| ***Date of Intervention*** | ***4/15/2004*** |
| ***Number of Profiles Reviewed*** | ***479*** |
| ***Number of Cases Identified*** | ***437*** |
| ***Number of Letters Generated*** | ***496*** |
| ***Number Deleted in QA*** | ***63*** |
| ***Number of Letters Sent*** | ***433*** |

***Distribution of Cases:***

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|---|---|
| ***Drug/Disease Interaction*** | ***74*** |
| ***Drug/Drug Conflict*** | ***52*** |
| ***Over Utilization*** | ***11*** |
| ***Clinical Appropriateness*** | ***256*** |
| ***Under-Utilization*** | ***44*** |

***Number of unique recipients identified: 348***
***Criteria: DUR Board continued the JNC-7 Hypertension criteria***

These are the current criteria that have been approved by Alabama DUR committee

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| CHLORAMPHENICOL | gcns | SULFONYLUREAS | gcns | | | Chloramphenicol may potentiate the effects of sulfonylureas. |
| RIFAMYCINS | gcns | SULFONYLUREAS | gcns | | | Rifampin may inhibit the effects of sulfonylureas. |
| DICUMAROL | gcns | SULFONYLUREAS | gcns | | | Dicumarol may potentiate the effects of certain selected sulfonylureas. |
| THYROID HORMONES | gcns | SULFONYLUREAS | gcns | | | Thyroid hormones may inhibit the effects of sulfonylureas. |
| SULFONAMIDES | gcns | SULFONYLUREAS | gcns | | | Sulfonamides may potentiate the effects of sulfonylureas. |
| SALICYLATES | gcns | SULFONYLUREAS | gcns | | | Salicylates may enhance the hypoglycemic response to sulfonylureas. |
| MAO INHIBITORS | gcns | SULFONYLUREAS | gcns | | | The combination of MAO inhibitors and sulfonylureas may cause an increase in sulfonylureas effects. |
| SULFONYLUREAS-LOW DOSE | gcns | | | | | Low dose sulfonylureas may be underutilized. |
| CHLORPROPAMIDE | gcns | HYPONATREMIA | | | | Chlorpropamide therapy may cause hyponatremia. This effect is usually reversed upon discontinuation of the drug |
| SULFONYLUREAS | gcns | ALCOHOL DEPENDENCE | | | | Certain sulfonylureas may cause a disulfiram reaction when combined with alcohol. They should be used with caution in patients with a history of alcohol dependence. |
| SULFONYLUREAS | gcns | PORPHYRIA | | | | Sulfonylureas may cause or worsen porphyria. |
| SULFONYLUREAS | gcns | PREGNANCY | gcns | NORMAL DELIVERY/MISCARRIAG OR ABORTION | | Sulfonylureas are not recommended for use during pregnancy due to possible teratogenic effects. Insulin is the preferred method of blood\glucose control during pregnancy. |
| SULFONYLUREAS | gcns | RENAL FAILURE | gcns | | | Renal impairment will increase the elimination half life of this sulfonylurea increasing the risk for hypoglycemia |
| SULFONYLUREAS | gcns | HEPATIC IMPAIRMENT | | | | Metabolism of sulfonylureas may be decreased by hepatic impairment increasing the risk for serious hypoglycemia. |
| ACARBOSE | gcns | HEPATIC CIRRHOSIS | | | | Acarbose may cause transaminase elevations in patients with hepatic cirrhosis. |
| METFORMIN | gcns | CONGESTIVE HEART FAILURE | | | | Congestive heart failure may cause tissue hypoxia and increase the risk for lactic acidosis in patients treated with metformin. |
| GLIPIZIDE | gcns | CYCLOSPORINE | gcns | | | Patients may require a 20 to 30% dosage reduction of cyclosporine when glipizide is initiated due to marked increase in cyclosporine levels |
| METFORMIN | gcns | RENAL DISEASE AND LACTIC ACIDOSIS | gcns | | | Patients with renal impairment or a past history of lactic acidosis may be at increased risk of developing lactic acidosis when receiving metformin therapy. |
| THIAZIDES | gcns | SULFONYLUREAS | gcns | | | Moderate to high doses of thiazide diuretics impair control of diabetes by increasing blood sugar. An alternate agent may be more beneficial |
| CIMETIDINE | gcns | SULFONYLUREAS | gcns | | | Concurrent administration of cimetidine or ranitidine with sulfonylureas may increase their hypoglycemic effect |
| SULFONYLUREAS | gcns | APLASTIC ANEMIA | | | | Sulfonylureas may cause or worsen aplastic anemia. |
| DIABETES | gcns | | | ACEI'S & ARB'S & PREG/RAS (negating) | gcns | Diabetics (hypertensive and normotensive with microalbuminuria) may benefit from the addition of an ACE inhibitor or an ARB to their therapy to reduce the rate of progression of renal disease. |
| ATYPICAL NEUROLEPTICS | gcns | | | | | The use of atypical antipsychotics may increase the risk of developing type II diabetes mellitus or impaired glucose tolerance. Patients with a family history of diabetes or with pre-existing diabetes may need to have blood sugar monitored closely or changed to an alternative medication |

These are the current criteria that have been approved by Alabama DUR committee

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| PROTEASE INHIBITORS | gcns | DIABETES | gcns | | | Protease Inhibitors may cause or exacerbate diabetes mellitus and hyperglycemia. Monitor patients closely for symptoms of diabetes (increased thirst, hunger, unexplained weight loss, increased urination, dry itchy skin). |

## Proposed criteria for diabetes for the Alabama DUR Board

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| NIACIN | gcns | 385 | DIABETES | gcns | | Niacin may cause hyperglycemia by interfering with the metabolism of glucose. Consider monitoring blood glucose more closely in patients with diabetes who are taking niacin. |
| GATIFLOXACIN | gcns | 985 | ORAL ANTIDIABETIC AGENTS | gcns | | Coadministration of Tequin (gatifloxacin) and oral antidiabetic agents should be done with caution. Careful monitoring of blood glucose is recommended due to the increased risk of hypoglycemia or hyperglycemia. |
| CHLORPROPAMIDE | gcns | 964 | URICOCURIC AGTS | gcns | | Coadministration of chlorpropamide with allopurinol or probenecid is not recommended. Allopurinol and probenecid have been reported to significantly prolong the half-life of chlorpropamide thereby enhancing its hypoglycemic effect in a small number of patients. This effect is believed to be due to inhibition of the renal tubular secretion. |
| REPAGLINIDE (PRANDIN) | gcns | 270 | HEPATIC IMPAIRMENT | | | Prandin (repaglinide) should be used with caution in patients with impaired liver function. Consider allowing longer intervals between dose adjustments to allow full assessment of response. |
| REPAGLINIDE (PRANDIN) | gcns | 584 | RIFAMPIN | gcns | | Coadministration of Prandin (repaglinide) and rifampin is not recommended. Rifampin may cause a decrease in the plasma concentration and efficacy of Prandin. If rifampin is added to or discontinued from therapy, the dose of Prandin may need to be adjusted. |
| REPAGLNIDE (DOSE/DAY) | gcns | 0 | | | | Prandin (repaglinide) may be over-utilized. The manufacturer's recommended maximum daily dose is 16 mg. |
| ACARBOSE (DOSE/DAY) | gcns | 0 | | | | Precose (acarbose) may be over-utilized. The manufacturer's recommended maximum daily dose is 150 mg (50 mg TID) for patients less than or equal to 60 kg and 300 mg (100 mg TID) for patients weighing greater the 60 kg. |
| ACARBOSE | gcns | 268 | RENAL FAILURE | gcns | | Precose (acarbose) should be used with caution in patients with renal impairment. |
| ACARBOSE | gcns | 968 | DIGESTIVE ENZYMES | gcns | | Coadministration of Precose (acarbose) and digestive enzymes (e.g., amylase, pancreatin) is not recommended. Digestive enzymes may increase the metabolism of acarbose, potentially leading to the decreased effectiveness of acarbose. |
| ACARBOSE | gcns | 244 | DIGOXIN | gcns | | Coadministration of Precose (acarbose) and digoxin should be done with caution. Precose may decrease the absorption of digoxin leading to decreased digoxin efficacy. Consider monitoring digoxin levels and instructing the patient to take these medications |
| NATEGLINIDE | gcns | 970 | TYPE I DIABETES (ICD-9S) | | | Starlix (nateglinide) is contraindicated in patients with Type I Diabetes. |
| MIGLITOL (GLYSET) | gcns | 268 | RENAL FAILURE | gcns | | Glyset (miglitol) should be used with caution in patients with renal impairment. Miglitol is primarily excreted by the kidneys and may accumulate in patients with renal dysfunction. |
| MIGLITOL (GLYSET) | gcns | 968 | DIGESTIVE ENZYMES | gcns | | Coadministration of Glyset (miglitol) and digestive enzymes (e.g., amylase, pancreatin) is not recommended. Digestive enzymes may increase the metabolism of Glyset, potentially leading to the decreased effectiveness of Glyset. |
| PIOGLITAZONE (ACTOS) | gcns | 974 | ORAL CONTRACEPTIVES (ALL) | gcns | | Coadministration of Actos (pioglitazone) and oral contraceptives is not recommended. Pioglitazone may induce the metabolism of oral contraceptives, leading to decreased effectiveness of the oral contraceptive. |
| PIOGLITAZONE (DOSE/DAY) | gcns | 0 | | | | Actos (pioglitazone) may be under-utilized resulting in potential subtherapeutic effects. |
| PIOGLITAZONE (DOSE/DAY) | gcns | 0 | | | | Actos (pioglitazone) may be over-utilized. The manufacturer's recommended maximum daily dose is 45 mg. |

## Proposed criteria for diabetes for the Alabama DUR Board

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| ROSIGLITAZONE (8MG ONLY) | gcns | 56 | SULFONYLUREAS | gcns | | Avandia (rosiglitazone) may be over-utilized. The manufacturer's recommended maximum daily dose is 4 mg when used in combination with a sulfonylurea. |
| GLITAZONES | gcns | 270 | HEPATIC IMPAIRMENT | | | Thiazolidinediones (glitazones) should not used in patients with active liver disease or elevated baseline serum transaminases. Patients should have LFTs evaluated if clinical signs or symptoms suggest liver failure, however, if jaundice is present the medication should be discontinued. |
| GLITAZONES | gcns | 1004 | OVULATION | | | Thiazolidinediones (glitazones) may result in ovulation in some premenopausal anovulatory women. These patients may be at an increased risk for pregnancy, thus contraception in these women should be recommended. |
| GLITAZONES | gcns | 0 | | | | Thiazolidinediones (glitazones) may cause hepatotoxicity. Patients should have baseline liver function tests (LFT's) performed. It is then recommended that the LFT's be repeated every 2 months for the first year of therapy and periodically thereafter. |
| GLITAZONES | gcns | 1003 | FLUID RETENTION | gcns | | Thiazolidinediones (glitazones) may cause or exacerbate fluid retention. Patients at risk for heart failure may need to be monitored for signs and\symptoms. Use is not recommended for those with NYHA class III or IV heart failure unless benefit outweighs the risk. |
| METFORMIN | gcns | 0 | | | | Metformin may be under-utilized resulting in potential sub-therapeutic effect. |
| METFORMIN REGULAR (DOSE) | gcns | 0 | | | | Metformin may be over-utilized. The manufacturer's recommended maximum daily dose is 2550 mg. |
| METFORMIN XR (DOSE/DAY) | gcns | 0 | | | | Glucophage XR (metformin) may be under-utilized, resulting in potential sub-therapeutic effects. |
| METFORMIN XR (MAX DOSE) | gcns | 0 | | | | Glucophage XR (metformin) may be over-utilized. The manufacturer's recommended maximum daily dose is 2000 mg. |
| GLUCOVANCE (DOSE/DAY) | gcns | 0 | | | | Glucovance (glyburide/metformin) may be under-utilized, resulting in potential sub-therapeutic effects. |
| GLUCOVANCE (DOSE/DAY) | gcns | 0 | | | | Glucovance (glyburide/metformin) may be over-utilized. The manufacturer's recommended maximum daily dose is 20/2000 mg. |
| SULFONYLUREAS | gcns | 10 | METOCLOPRAMIDE | gcns | | Coadministration of sulfonylureas and GI prokinetic agents should be carefully monitored. Metoclopramide can enhance gastric emptying and may result in altered clinical response to antidiabetic agents. The dosing of sulfonylureas may require adjustment. |
| ORAL ANTIDIABETIC AGENTS | gcns | 83 | MAO-INHIBITORS W SELEGILINE | gcns | | Coadministration of oral hypoglycemic agents and/or insulin and monoamine oxidase inhibitors should be done with caution. Blood glucose levels should be monitored closely due to the potential risk of prolonged hypoglycemia. |
| ACARBOSE | gcns | 453 | HEPATIC CIRRHOSIS | | | Precose (acarbose) is contraindicated in patients with cirrhosis. Transaminase elevations, hepatotoxicity, hepatic necrosis, right upper quadrant pain, dark urine, jaundice, hepatomegaly, and light-colored stools have been reported with the use of acarbose. |
| SULFONYLUREAS | gcns | 986 | CLOFIBRATE | gcns | | Coadministration of sulfonylureas and clofibrate should be carefully monitored. Displacement of sulfonylureas by other highly protein-bound drugs, such as clofibrate, may result in increased risk of hypoglycemia. |
| LEVOFLOXACIN | gcns | 1005 | DIABETES (DRUGS ONLY) | gcns | | Coadministration of Levaquin (levofloxacin) and antidiabetic agents should be done with caution. Careful monitoring of blood glucose is recommended due to the increased risk of hypoglycemia or hyperglycemia. |
| ESTROGENS/PROGESTIN & OC | gcns | 527 | DIABETES | gcns | | Estrogen/progestin products should be used with caution in diabetic patients\due to the increased risk for hyperglycemia that these drugs impose. |

## Proposed criteria for diabetes for the Alabama DUR Board

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| ACARBOSE | gcns | 1007 | GI DISORDERS | | | Precose (acarbose) is contraindicated in patients with inflammatory bowel disease, colonic ulceration, partial intestinal obstruction, predisposition to intestinal obstruction, chronic intestinal diseases associated with marked disorders of digestion or absorption, or with conditions that may deteriorate as a result of increased gas formation in the intestine. |
| MIGLITOL (GLYSET) | gcns | 1007 | GI DISORDERS | | | Glyset (miglitol) is contraindicated in patients with inflammatory bowel disease, colonic ulceration, partial intestinal obstruction, predisposition to intestinal obstruction, chronic intestinal diseases associated with marked disorders of digestion or absorption. |
| METFORMIN (REG 500MG) | gcns | 0 | | | | Glucophage (metformin) may be over-utilized. The manufacturer's recommended maximum daily dose is 2500 mg. |
| SULFONYLUREAS | gcns | 1049 | NON-SELECT BETA-BLOCKERS | gcns | | Coadministration of sulfonylureas and beta-blockers should be carefully monitored. Non-selective beta-blockers may mask the tachycardic symptoms of hypoglycemia and delay the recovery time of hypoglycemia. Use of selective beta-blockers (e.g. metoprolol, atenolol) may have a decreased risk of effecting glycemic control which may not prolong recovery time in mild and moderate hypoglycemia. |
| INSULIN | gcns | 1049 | NON-SELECT BETA-BLOCKERS | gcns | | Coadministration of non-selective beta-blockers (e.g. propranolol, nadolol) and insulin should be done with caution. Non-selective beta-blockers may mask the tachycardic symptoms of hypoglycemia and delay the recovery time of hypogylcemia. Use of selective beta-blockers (e.g. metoprolol, atenolol) may have a decreased risk of effecting glycemic control which may not prolong recovery time in mild and moderate hypoglycemia. |
| GLIPIZIDE XL | gcns | 0 | | | | Extended-release glipizide may be over-utilized. The manufacturer's recommended maximum daily dose is 20 mg. |
| GLIPIZIDE-REGULAR RELEASE | gcns | 0 | | | | Glipizide (regular-release) may be over-utilized. The manufacturer's recommended maximum daily dose is 40 mg. |
| ASPIRIN-DOSE | gcns | 0 | | | icd9s | Administration of high dose aspirin in patients with diabetes should be done with caution. High dose aspirin may potentiate the hypoglycemic effects of insulin and oral antidiabetic agents. |
| SULFONYLUREAS | gcns | 0 | | | | The sulfonylurea may be under-utilized, resulting in potential sub-therapeutic effects. |
| DIABETES | gcns | 900 | CORONARY HEART DISEASE | | | Diabetic patients with evidence of coronary heart disease may benefit significantly from the addition of lipid lowering therapy. Current National Cholesterol Education Program guidelines recommend target LDL levels of 100mg/dl or less for patients with active coronary heart disease and other risk factors such as diabetes. |
| DIABETES | gcns | 271 | HYPERTENSION | | | This patient has a history of diabetes and hypertension and may benefit from the addition of an anti-hypertensive agent to reduce cardiovascular morbidity and mortality. The coexistence of these conditions imposes a need for a significantly lower goal blood pressure (130/80mmHG) than the goal recommended for a non-diabetic patient with hypertension (140/80mmHG). If lifestyle modifications alone are no longer effective consider JNC-7 treatment recommendations for the selection of the optimal anti-hypertensive therapy. |
| CHLORPROPAMIDE | gcns | 268 | RENAL FAILURE | gcns | | Chlorpropamide should be avoided in patients with renal impairment (glomerular filtration rate less than 50 mL/min). Forty-seven percent of a dose is eliminated unchanged in the urine, prolonging the elimination half-life and increasing its hypoglycemic effect in patients with renal impairment. Glipizide may be a safer alternative. |
| GLYBURIDE | gcns | 268 | RENAL FAILURE | gcns | | Glyburide should be avoided in patients with renal impairment (glomerular filtration rate less than 50mL/min). Fifty percent of a dose is eliminated\ nchanged in the urine, prolonging the elimination half-life and increasing its hypoglycemic effect in patients with renal impairment. Glipizide may be a safer alternative. |

## Proposed criteria for diabetes for the Alabama DUR Board

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| GLITAZONES | gcns | 269 | CONGESTIVE HEART FAILURE | | | Thiazolidinediones, alone or in combination with other antidiabetic agents, can cause fluid retention, which may exacerbate or lead to heart failure. Patients should be observed for signs and symptoms of heart failure. Discontinue thiazolidinedione therapy if any deterioration in cardiac status occurs. Rosiglitazone and pioglitazone are not recommended in patients with NYHA Class 3 and 4 cardiac status. |
| REPAGLINIDE | gcns | 444 | GEMFIBROZIL | gcns | | Concomitant use of Prandin (repaglinide) and gemfibrozil results in an 8-fold increase in plasma levels of repaglinide and prolongs the half-life from 1.3 to 3.7 hours. Due to the risk of enhanced and prolonged hypogylcemia, this combination should be avoided. |
| REPAGLINIDE | gcns | 444 | GEMFIBROZIL | gcns | | Co-administration of both gemfibrozil and Sporanox (itraconazole) with Prandin (repaglinide) results in a 19-fold increase in repaglinide plasma levels and prolongs the half-life from 1.3 to 6.1 hours. Due to the risk of enhanced and prolonged hypoglycemia, this combination should be avoided. |
| CHLORPROPAMIDE | | 0 | | | | The use of Diabinese (chlorpropamide) should be avoided in the elderly. Chlorpropamide has a long half-life which increases the potential for a higher incidence of adverse reactions including serious hypoglycemia and syndrome of inappropriate antidiuretic hormone (SIADH). |